

## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

## **LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)						
PART I LOBBYIST						
NAME(Last)	(First)	(Middle)	TELEPHONE			
			F39 9300			
PILTZ, KAREN M. L.			528-8200			
MAILING ADDRESS (Street)			FAX			
745 FORT STREET, 9 <sup>TH</sup> FLOOR			536-5869			
(City)	(State)	(Zip Code)				
HONOLULU, HAWAII 96813						
EMPLOYING ORGANIZATION (Fill in only if	you are employed by a business e	entity which has been retained to lobby)	TELEPHONE			
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CHUN, KERR, DODD, BEAMAN & WON	G		528-8200			
MAILING ADDRESS (Street)			FAX			
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745 FORT STREET, 9 <sup>TH</sup> FLOOR			536-5869			
(City)	(State)	(Zip	Code)			
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HONOLULU, HAWAII 96813						
TIONOLOLO, HAVAII 30010						
PART II ORGANIZATION			V*************************************			
			TELEPHONE			
SERVÇO PACIFIC INC.						
MAILING ADDRESS (Street)			FAX			
900 FORT STREET MALL, SUITE 600			523-3937			
(City)	(State)	(Zip	Code)			
HONOLULU, HAWAII 96813						
NAME OF PERSON RESPONSIBLE FOR PR	EPARING ORGANIZATION'S E	XPENDITURES STATEMENT	TELEPHONE			
Benjamin Nakaoka			521-6511			
MAILING ADDRESS (Street)			FAX			
			E22 2027			
900 FORT STREET MALL, SUITE 600			523-3937			
(City)	(State)	(Zip	Code)			

HONOLULU, HAWAII 96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY							
PAR	I III DESCRIPTION	OF SUBJECTS UPON WHICH	H YOU EXPECT	TO LOBBY			
[]	Agriculture	[ ] Education	[ ] Human Serv	rices	[ ] Science, Technology & Economic Development		
[]	Communications & Public Utilities	[X] Government Operations & Finance	[ ] Intergovernm	nental Relations, Affairs	[ ] Tourism & Recreation		
[X]	Consumer Protection & Commerce	[ ] Hawaiian Affairs	[ ] Labor & Emp	oloyment	[X] Transportation		
[]	Culture, Arts, Historic Preservation	[ ] Health	[ ] Planning, La Use Manage		[ ] Other: (indicate below)		
[ ]	Ecology, Energy Environmental Protection	[ ] Housing		y & Corrections			
PAR	T IV CERTIFICATION	N OF LOBBYIST					
		information furnished above	is to the best of i	my knowledge	correct and complete		
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1) Men Wares 3/21/03							
(Signature of Lobbyist)					(Date)		
,							
PAR	TV AUTHORIZATIO	N TO LOBBY					
NAME			TITLE OF AUTH	ORIZING OFFICEI	R OR PERSON REPRESENTED		
	Patrick Ching						
NAME OF ORGANIZATION (if applicable)				TEI	_EPHONE		
I VAME OF ORGANIZATION (II applicable)				'5'	LEPHONE		
055	20 5401510 1110			_	<i>(</i>		
	CO PACIFIC INC.	the second secon			64-2377		
MAILI	NG ADDRESS (Street)			FAX	X		
				E00	3-3937 or 564-2828		
900 F	ORT STREET MALL, SUITE	600		523	5-3937 OI J04-2828		
(City) (State)			(Zip Code)	)			
HONOLULU, HAWAII 96813							
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.							
		$\Omega \Lambda$	-		_		
	Tatmk	. D. Chung Senior V	/ice President		MAR 1 4 2003		
(Signature of Authorizing Officer or Person Represented)					(Date)		